THE HOSPICE LINK

SEPTEMBER – NOVEMBER 2026 • MDDI (P) 014/03/2026

Sharing the care

SINGAPORE HOSPICE COUNCIL
Living before Leaving

SHC MEMBERS

Alexandra Hospital
378 Alexandra Road, S(159964)
T: 6908 2222
www.ah.com.sg
contactus@nuhs.edu.sg

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832 Thomson Road, S(574627)
T: 6832 2650
www.assisihospice.org.sg
assisi@assisihospice.org.sg

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9 Elias Road, S(519937)
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www.tzuchi.org.sg/en

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T: 6788 8833
www.cgh.com.sg

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T: 6500 7272
www.doverpark.org.sg
info@doverpark.org.sg

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@Kwong Wai Shiu Hospital, S(328127)
T: 6251 2561
www.hca.org.sg
contactus@hcahospicecare.org.sg

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90 Yishun Central, S(768828)
T: 6555 8000
www.ktph.com.sg

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T: 6225 5554
www.kkh.com.sg

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T: 6601 1097 / 6601 2034 [Education]
T: 6601 6840 [Research]
www.duke-nus.edu.sg/lcpc

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32 Simei Street 1,
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T: 6580 4695
www.metta.org.sg
hhospice@metta.org.sg

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2 Kallang Avenue,
CT Hub #08-14, S(339407)
T: 6435 0270
www.mws.sg
MWShh@mws.sg

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T: 6436 8000
www.nccs.com.sg

National University Cancer Institute, Singapore
NUH Medical Centre, Levels 8 to 10,
5 Lower Kent Ridge Road, S(119074)
T: 6773 7888
www.ncis.com.sg

National University Hospital
5 Lower Kent Ridge Road, S(119074)
T: 6908 2222
www.nuh.com.sg

Ng Teng Fong General Hospital
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T: 6908 2222
www.ntfgh.com.sg
contactus@nuhs.edu.sg

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Gleneagles Medical Centre, S(258499)
T: 6733 7890
www.oncocare.sg

The Palliative Care Centre for Excellence in Research and Education (PalC)
TTSH Integrated Care Hub
1 Tan Tock Seng Link, S(307382)
T: 6500 7269
www.palc.org.sg
enquiries@palc.org.sg

Ren Ci Hospital
71 Irrawaddy Road, S(329562)
T: 6385 0288 F: 6358 0900
www.renci.org.sg
renci@renci.org.sg

Sengkang General Hospital
110 Sengkang East Way, S(544886)
T: 6930 6000
www.skh.com.sg

Singapore Cancer Society
30 Hospital Boulevard
#16-02 NCCS Building, S(168583)
T: 1800 727 3333
www.singaporecancersociety.org.sg
hospice@singaporecancersociety.org.sg

Singapore General Hospital
Department of Internal Medicine,
Outram Road, S(169608)
T: 6222 3322
www.sgh.com.sg
sghfeedback@sgh.com.sg

SingHealth Community Hospitals (Outram Community Hospital, Sengkang Community Hospital)
10 Hospital Boulevard, S(168582)
T: 6970 3000
www.singhealth.com.sg/SCH

St. Andrew's Community Hospital
8 Simei Street 3, S(529895)
T: 6586 1000
www.sach.org.sg
general@sach.org.sg

St Joseph's Home
36 Jurong West St 24, S(648141)
T: 6268 0482
www.stjh.org.sg
general@stjh.org.sg

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2 Bukit Batok Street 11, S(659674)
T: 6563 2281
www.slh.org.sg
general@stluke.org.sg

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11 Jalan Tan Tock Seng, S(308433)
T: 6256 6011
www.ttsh.com.sg

Tsao Foundation
298 Tiong Bahru Road
Central Plaza, #15-01/06, S(168730)
T: 6593 9500
tsaofoundation.org
info@tsaofoundation.org

Woodlands Hospital
17 Woodlands Drive 17, S(737628)
T: 6383 3000
www.wh.com.sg
enquiry@wh.com.sg

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Make a Donation!

Singapore Hospice Council (SHC) is committed to improving the lives of patients with serious life-limiting illnesses and to giving support to their loved ones. Support SHC today to impact lives.

**Cash donations are eligible for 250% tax deductions.*

EXECUTIVE DIRECTOR'S NOTE

A young Sim Bee Hia sitting on the lap of her late grandmother surrounded by her siblings

I lived in a kampong (village) until my teenage years. When I was eight years old, my Ah Ma (grandmother) passed away peacefully at home. I was too young to quite understand what was happening. The whole village came out to support my father and uncle as they prepared for the seven-day wake and funeral. My neighbour, Uncle Ah Hong, took care of the funeral rites and rituals; the ladies of the village helped to cook and feed mourners and visitors, and the men sorted out the logistics, the route of the cortege, lighting and tentage. Even the noodle seller from the school canteen asked how I was, and I remembered I shared with her that Ah Ma would no longer be tying my pigtails anymore.

It was truly a village at its best, with an entire community caring for a lost village elder and care and support for the bereaved. Looking back, I feel much more blessed that the village was there for my family and me.

No family should have to walk this journey alone. While love is often the foundation of caregiving, it is not enough on its own. Caregiving calls for time, knowledge, emotional strength and practical support. It is made lighter when responsibilities are shared, when help is offered without waiting to be asked, and when compassion becomes a shared practice.

This is what the theme of this issue, "Sharing the Care", means to me.

Last year, there were more than 26,000 deaths in Singapore. We are now a superaged society, meaning one in five persons is above 65 years old. Beyond living well and ageing well, Singapore must remain a society where one can die well and with dignity. A good death must be an achievable vision.

Doctors and nurses provide clinical care, medical social workers address psychosocial and relationship needs, therapists and pastoral care specialists address physical and spiritual needs, and each of us does our part where we are. It must become part of who we are as a society. Sharing the care is not about asking everyone to do everything. Sometimes it's checking in on a neighbour. Sometimes it's giving a caregiver a few hours to rest. Sometimes it's simply listening, without trying to fix everything.

This issue of *The Hospice Link* celebrates the many ways care is shared across our hospice and palliative care ecosystem. Through the stories in these pages, I hope you will be reminded that behind every person's journey is a network of people who choose, every day, to show up with kindness, commitment and compassion.

None of us can do this alone. But together, we can build a society where every person facing serious illness is surrounded by care, every caregiver feels supported, and every community becomes a place where compassion is lived, not just spoken.

Thank you for being part of this journey with us.

Warm regards,
Sim Bee Hia
Executive Director
Singapore Hospice Council

IMAGE **MS SIM BEE HIA**

ABOUT THE ARTWORK ON THE COVER

Collection of Artworks by the children of KK Women's and Children's Hospital

Clockwise from top left:
"Robin and Archie — The Carefree Cousins" and "Tiger in the Grass" by the late Manami Thom, age 15; "Blessed with a Bond that Outshines the Darkest Days" by Hong Yi, age 7; "The Road I've Traveled" by the late Elijah, age 14.

BONDING IN CARE

NEWS, VIEWS, UPDATES AND SPOTLIGHTS

MEET THE TEAM

DEPUTY DIRECTOR, SUPPORTIVE & PALLIATIVE CARE SERVICE
DR SHARON HARVINDER KAUR DHILLON

SingHealth Community Hospitals

What are your responsibilities as a doctor in a community hospital when looking after palliative care patients?
I provide day-to-day medical care for people with serious, life-limiting illnesses in our inpatient hospice. My role is to ease distressing symptoms, understand what matters most to each person and support families through difficult decisions and loss.

How do the various teams in community hospitals come together to support patients in palliative care?
Our multidisciplinary palliative care team of doctors, nurses, therapists, social workers, dietitians and pharmacists meets regularly to develop a coordinated care plan built on a shared understanding of each patient's needs and priorities. Beyond the inpatient hospice, we also partner with teams across the community hospital to support patients whose palliative care needs change over time.

ASK ME ANYTHING

by Dr Sharon Harvinder Kaur Dhillon

Why are community hospitals important for palliative care patients?
Community hospitals provide an important bridge between acute hospitals and home. They allow patients to receive continued medical care, symptom management and rehabilitation where appropriate in a supportive environment. This creates opportunities for discussions about patients' priorities and how they wish to be cared for as their illness progresses.

What is the difference between community hospitals and acute hospitals for patients with palliative care needs?
Acute hospitals focus on diagnosing and treating acute medical conditions. Community hospitals place greater emphasis on the next phase of a person's care — optimising function, managing symptoms, supporting recovery or adjustment and planning for the future.

Who is eligible for admission to a community hospital, and how does one get referred?
Community hospitals care for patients who are medically stable enough to no longer require acute hospital treatment, but who still require ongoing medical, nursing or rehabilitative support. A doctor, most often from an acute hospital, must refer patients to a community hospital.

How do you manage and hold space for your emotions when a patient passes away?
Every patient leaves a lasting impression. I find strength in colleagues who understand both the privilege and emotional weight of this work. We create space for honest reflections and open conversations about our emotions and experiences. We find meaning in knowing that even when we cannot change the outcome, we can still shape a person's experience with compassion and love.

SECOND
HACK CARE: YOLO!
COMPETITION

More than 200 youths are helping to shape the future of conversations around death, dying, caregiving, grief and bereavement through Hack Care: YOLO! 2026, a youth competition organised by the Singapore Hospice Council (SHC).

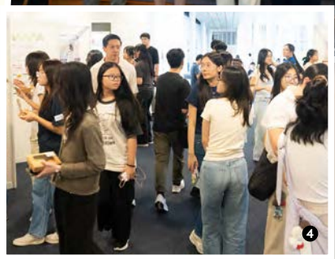
As Singapore's population ages, conversations around death, dying, caregiving, grief and bereavement become increasingly important. The Singapore Death Literacy Index found that many Singaporeans are still unprepared to navigate end-of-life matters, highlighting the need to build greater awareness, confidence and community support. By engaging youths early, Hack Care: YOLO! encourages them to play an active role in improving death literacy while applying their creativity to one of society's most important conversations.

The competition attracted over 60 proposals from 47 teams and 13 individual participants. More than 200 youths took part this year from 30 institutions including universities, polytechnics and junior colleges, to secondary and international schools.

On 18 July, following a competitive selection process, finalist teams pitched their ideas to a panel comprising leaders from healthcare, education and the palliative care sector.

THE LEAD UP

Before submissions, all participants underwent the SHC Palliative Care 101 course to deepen their knowledge of palliative care and end-of-life matters. This was followed by a Meet-the-Professionals panel discussion featuring a palliative care nurse, consultant, chaplain and music therapist. 2024's Gold Award winner, Loh Pei Yi, also shared her experience, providing inspiration and guidance to the students. Armed with this newfound knowledge on Singapore's palliative care landscape, participants began devising their proposals targeting one of two goals: Bringing end-of-life planning into everyday life and fostering healthier attitudes and strengthening community support around death, dying and grief.



PITCH DAY

Ten awards in all — two Gold Awards, two Silver Awards, one Bronze Award and five Merit Awards — were given out to recognise the originality, impact and inventiveness of the concepts submitted by the competitors. Students from Temasek Junior College, National University of Singapore, Ngee Ann Polytechnic, Nanyang Technological University and a joint team from Singapore Institute of Management and Singapore University of Social Sciences received the awards.

As tomorrow's caregivers and future patients, the finalists reimagined future care-readiness and shared responsibility for end-of-life in the community through practical, community-driven ideas that make end-of-life conversations more accessible, relatable and relevant to everyday life.

"We are incredibly heartened by the proposals this year," said SHC Executive Director Ms Sim Bee Hia. "They are new, creative and culturally relevant to our youths and grounded in the local context. Several proposals are almost ready for implementation, and we hope to work with the youths to bring their ideas to fruition."

❶ Congratulations to all our winners!
❷ Thank you all for joining us at Hack Care: YOLO! 2026.
❸ The Hack Care: YOLO! judging panel and SHC Executive Director Ms Sim Bee Hia (second from right)
❹ Showcasing the Hack Care: YOLO! poster submissions.
❺ A wonderful morning of presentations by our youth.

LEAP FOR HOSPICES 2026

Returning participants and partners rallied behind hospice and palliative care once again by taking part in Leap for Hospices 2026, Singapore Hospice Council's annual bungee jump fundraiser.

Now entering its third year, the adrenaline-fuelled Leap for Hospices event saw participants take the plunge in support of Singapore Hospice Council's (SHC) efforts to raise awareness and funds for palliative care.

At 60 years old, returning bungee jumper Paul Low took yet another leap for a cause close to his heart, showing that courage and compassion know no age limit. Backed by more than 20 donors, he surpassed his $5,000 fundraising target, reflecting the unwavering commitment of long-time advocates who continue to rally their communities and loved ones to champion palliative care. "I'm deeply heartened by the generosity of everyone who donated in support of my second jump. I hope my participation shows that you are never too old to step forward for something that matters," Paul shared.

That same daring spirit was echoed in the continued backing of SHC's long-standing supporters. BFT Geylang Bahru marked its third consecutive year of participation with six jumpers and a group fundraising effort, calling its involvement "a meaningful tradition" of giving back to the community and standing alongside patients and their families. Ngee Ann Polytechnic's School of Health Sciences also reaffirmed its support, with 16 nursing students taking the leap together this year.

Alongside the seasoned jumpers were several first-time participants taking on their biggest leap yet. Among them was Esther Teo, whose decision to participate was deeply personal. "The support my family received during my mum's cancer journey meant so much to us. Joining Leap for Hospices is my way of giving back and helping other families receive the same compassion and support that we were fortunate to experience," shared Esther.

With growing efforts to raise awareness of hospice and palliative care and normalise conversations around death and dying, SHC hopes to continue building on this momentum by reaching new audiences such as first-time bungee jumpers looking to tick an item off their bucket list while supporting a meaningful cause.

Thank you for supporting SHC's vision of "Quality Palliative Care for Everyone". Funds raised will support public education on hospice and palliative care and help ensure that patients and families can receive compassionate, dignified care.

1 5 6 Taking the Leap for Hospices!
2 Nursing students from Ngee Ann Polytechnic's School of Health Sciences commemorating Nurses' Day with us at Leap for Hospices.
3 Post-plunge adrenaline rush!
4 Team BFT Geylang Bahru keeping up with their meaningful tradition.
7 Thank you to BFT Geylang Bahru and Skypark Sentosa for your unwavering support!

Upcoming Events

SHC PALLIATIVE CARE 101

Learn more about palliative care and how to start end-of-life conversations with loved ones in this two-hour course that is free and open to the public. Visit our website or scan to QR code for upcoming sessions singaporehospice.org.sg/training-courses/

"LIVING BEFORE LEAVING" ASK THE EXPERT SERIES

Ask the Expert series is a Q&A session where matters relating to palliative care are discussed openly between multidisciplinary professionals and the audience in a safe space. Look out for more information on the next session on our social media and website: singaporehospice.org.sg.
Dates 21 September 2026, 19 October 2026, 16 November 2026
Time 7pm-8.30pm

VOICES FOR HOSPICES JIMMY YE & FRIENDS "FOR GOOD" CHARITY CONCERT

Join us for an intimate evening of music and giving with family and friends as we stroll down memory lane with Jimmy's beloved hits, performed together with fellow artistes Joanna Dong, Chriz Tong and Marcus Lee, with special performance by SHC Vice Chairman Dr Chong Poh Heng.
Tickets $188, $288
Your donation will help SHC empower individuals and communities to support caregivers, those who are dying, and those grieving and bereaved. Visit singaporehospice.org.sg/vfh to get your tickets or donate today.
Date 27 September 2026
Time 7.30pm

SHC "LIVE WELL LEAVE WELL" EXHIBITION @ THE PUBLIC LIBRARIES

Find out more about palliative care, how to get started on end-of-life planning and why die-logues are essential.
Yishun Library 1 September - 2 November 2026
Bukit Panjang Library 3 November - 30 December 2026

HCA WALK WITH ME CHARITY WALKATHON 2026

Walk With Me is a charity walk and fundraiser organised by HCA Hospice to raise awareness of palliative care. Email walkwithme@hcahospicecare.org.sg or visit walkwithme.hca.org.sg for more information.
Venue Fort Canning Park
Date 1 November 2026
Time 8am

Sharing the care across settings

With palliative care training programmes for nursing home staff, residents with deteriorating conditions do not have to be transferred to hospital, allowing for continuity of care in a familiar setting.

WORDS **TOH EE MING** PHOTOS **CHANGI GENERAL HOSPITAL, ST. ANDREW'S COMMUNITY HOSPITAL, MORAL HOME FOR THE AGED SICK** GRAPHICS **FREEPIK**

The nursing home resident's breathing had changed. The family insisted on sending her to hospital. The nurses in the nursing home believed otherwise. They knew, by now, that they could manage the situation themselves. A different night, a different case: the nurses rang the overnight on-call number, and within minutes, the on-call clinical team was on the line and would come in person when the situation called for it.

In the past, when a resident deteriorated, the default was automatic: ambulance, emergency department. Often that meant a day or more in an observation ward on a transfer trolley, waiting for tests some residents were frightened of and never wanted in the first place. Some were sent back to the nursing home having gained little beyond the trip itself. In the worst cases, some didn't survive the transfer at all.

Changi General Hospital (CGH) established the EAGLEcare (Enhancing Advance Care Planning, Geriatric Care and End-of-Life Care in the Eastern Region) programme in 2015 to address such circumstances. It was built around upskilling nursing home staff to handle certain situations themselves — recognising the signs that someone is entering their final months, managing symptoms, and having difficult conversations with families before a crisis forces them to — while providing timely speciality support when it's needed.

CHANGING THE DEFAULT

Singapore's nursing home population is expanding and growing frailer. Residents have more complex health needs. Hospital admission at the end of life carries its own risks: disorientation, rapid decline and care that may not align with what residents actually want. Yet for years, hospitalisation remained the default for nursing home residents nearing the end of life — not because it was best for them, but because there were few other options.

> *"It's meaningful and a privilege to look after residents who stay in the nursing home long enough to tell you their wishes themselves."*
>
> VALERIE CABOTAJE

EAGLEcare aims to change that default, working with nursing homes and general practitioners across eastern Singapore. Rather than sending residents elsewhere for care, EAGLEcare equips nursing homes to care for them where they already live, with clinical support when needed.

The EAGLEcare team does this in several ways. Residents who may be entering their final year of life are identified using a screening tool incorporating indicators of life-limiting illnesses and a prognosis of a year or less. The team facilitates Advance Care Planning (ACP) conversations with residents and families, helping them develop a Preferred Plan of Care (PPC) that reflects what treatment they prefer instead of defaulting to a hospital transfer. At the same time, it trains nursing home staff to recognise deterioration, manage symptoms and eventually become confident enough to do much of this work independently.

During the day, the EAGLEcare team and the nursing home general practitioners provide care to the residents. After hours, support comes from EAGLEcare's partnership with St. Andrew's Community Hospital's (SACH) Violet Programme, an integrated palliative care service that provides round-the-clock support for patients with advanced illness.

TEACHING THE NEXT SET OF HANDS

Yang Tingting, a senior staff nurse in community nursing at CGH, remembered the intensity of supporting a newly onboarded nursing home. Nursing home nurses called on Saturdays because they didn't know who else to turn to. She sat in on conversations with grieving families because the staff weren't yet confident enough to have them on their own.

Many nursing home nurses had minimal experience with palliative care. "I need to take care of the breathlessness, to take care of the secretions... who should I approach?" Tingting recalled the nurses' distress she used to hear on the phone. Fielding those calls was only one part of it.

The EAGLEcare team travelled frequently between nursing homes, providing bedside teaching, reviewing cases and coaching staff through everything from symptom management and wound dressings to difficult conversations with families. Nursing home nurses were trained to anticipate common end-of-life symptoms, prepare medications in advance and respond confidently when residents deteriorated. The programme also runs courses on topics such as communication and common conditions in palliative care.

❶ Moral Home for the Aged Sick team.
❷ Tingting delivering care in a nursing home.
❸ Senior resident physician with EAGLEcare and SACH, Dr Shaun Gerald Nathan.
❹ Team from St. Andrew's Community Hospital which supports EAGLEcare patients.
❺ Assistant Nurse Manager Valerie Cabotaje.

Over time, the intensity eased. As nursing home staff gained confidence, the calls became less frequent. "They really have grown into practitioners who can manage the symptoms, communicate with families sensitively, bravely, competently about death and dying," said Tingting.

The EAGLEcare programme now has 10 partner nursing homes: Peacehaven, Apex Harmony Lodge, Orange Valley, three NTUC Health homes, Lions Home for the Elders, Moral Home for the Aged Sick, Econ Nursing Home (Upper East Coast) and All Saints Home (Tampines). As of July 2026, EAGLEcare has trained 1,984 nursing home staff, screened 2,494 nursing home residents and formally enrolled 1,217 of them into the programme.

Tingting added, "When everyone shares the same goal for a resident, it becomes much more possible to honour the patient and family members' wishes."

LEARNING TO STAY WITH RESIDENTS UNTIL THE END

In the earlier years, before the EAGLEcare programme, doctor coverage at the Moral Home for the Aged Sick was limited to a couple of short visits a week. Past 11pm, there was no one to call.

Assistant nurse manager Valerie Cabotaje remembers the hesitation when the home first joined the programme. The doctors were unfamiliar, and staff were unsure how the new working relationship would function.

Over time, access to medical support improved. More importantly, staff began to see their role differently in caring for residents at the end of life. In the early days, nurses often found themselves overwhelmed by grief. Some had been caring for the residents for over a decade, recognising them by their voice alone. Their closeness could make it difficult to separate empathy from their emotions.

"We are so attached to the residents that we sometimes have to leave the room when we see them dying, as we tend to cry before the family does," Valerie said.

Training in grief and bereavement helped staff remain present through those final moments. Eventually, the home created a private space where families could sit with residents in their last hours.

The training extended beyond nurses. Healthcare attendants and nursing aides — those who spend the most time with residents during meals, showers and daily routines — were taught to notice subtle changes: a favourite meal left untouched, a resident suddenly refusing a shower they once enjoyed. They became the "eyes and ears on the ground", picking up changes before they became crises, said Valerie.

That awareness also meant families could be prepared earlier. Staff could recognise when a resident was approaching the end of life and give loved ones the chance to accompany them and, if they wished, be present for their final moments.

"It's meaningful and a privilege to look after residents who stay in the nursing home long enough to tell you their wishes themselves," Valerie said. "We feel fulfilled to see them dying comfortably, without pain."

For Valerie, palliative care requires more than clinical knowledge. It requires courage, patience and emotional support, not only for residents and families, but for the people caring for them.

One daughter, whose father died at Moral Home after staff had prepared her for his decline, later wrote to the team simply to say thank you, for allowing him to leave in the place he already called home.

A PARTNERSHIP THAT KEEPS RESIDENTS HOME

Dying does not keep to office hours. That was the gap SACH's Violet Programme filled: providing specialist advice and support around the clock.

Before a formal after-hours system existed, Dr Shaun Gerald Nathan, a senior resident physician with EAGLEcare and SACH, was covering three nursing homes largely on his own. He would drive to CGH to collect medication, then head to a nursing home to administer it.

Today, with the programme expanded to more homes, physical visits have decreased to two or three a month. Most situations can now be managed first through a phone call.

"With the training, the nurses can now also detect symptoms," he said. "The other improvement is they now have a fixed point of contact, whereas previously, the contact would be their daytime doctor, who may not respond so promptly at night."

That confidence has changed what nursing homes are willing to take on. Nurses who once hesitated with complex cases are now more comfortable managing patients with complex needs that might previously have required hospital care, including those requiring injections, subcutaneous medication and infusions.

The partnership also works both ways. When patients in SACH's Violet Ward, its inpatient hospice, outlive their initial prognosis, they can be referred to EAGLEcare-trained nursing homes for longer-term care rather than being discharged without support. Likewise, when a resident's needs exceed what the nursing home can manage, SACH can admit them directly to Violet Ward, bypassing the emergency department.

"We can work together to make sure there's a continuation of care," Dr Nathan said. "And then if the nursing home has any issues, we can work directly to admit the patients to our ward."

The Violet programme also brings additional support through pastoral care, social workers and other therapies, particularly for residents experiencing emotional or spiritual distress.

Dr Nathan recalled one resident with a gangrenous foot who had lived in her nursing home for two years. After a sudden fracture led to uncontrolled bleeding and pain that medication alone could not manage, she spent three weeks in SACH's inpatient palliative care ward, where doctors stabilised her symptoms and introduced treatments new to her nursing home nurses. She eventually returned to the nursing home she knew, where the same nurses who once would have struggled with her care are now trained to look after her until she died there, months later.

A HOME UNTIL THE END

EAGLEcare has changed the way many staff think about dying in a nursing home, but the work is far from finished. For Valerie, she hopes for even greater continuity. She expressed hopes of having one doctor who knows a resident's full history rather than a rotating on-call line where each conversation starts from the beginning.

Dr Nathan views the same challenge from the medical side. As palliative care expands to meet more complicated requirements, resources are stretched. "The big challenge is how we sustain our work and reach out to more," he said.

Families do not always accept their loved one's wish to avoid hospitalisation. Valerie estimates that out of about 20 cases where families initially want hospitalisation against a resident's wishes, her team can now talk 19 through the pros and cons. "We consider ourselves a bit of an expert now," she said. "The trust and the rapport we've built all these years — we understand each other."

Going forward, there are ongoing plans to extend EAGLEcare across SingHealth, including efforts to share best practices across the healthcare clusters nationally.

Dr Nathan believes the most important change needed is cultural — to see nursing homes not as places where people are sent when hospitals can no longer help, but as places where people continue to live. "I'm heartened to see how nursing home nurses, ground staff and management are willing to take on end-of-life care," he said. "Before, the default was always to send patients back to hospital. It's the easier option, because it takes fewer resources and less heartache on the part of the nursing home."

"We need to start seeing our nursing homes as homes," he said. "Not as medical institutions where the environment has to be sterile. And then we can start applying the principles of palliative care to help people live and eventually die with dignity." HL

JOURNEYING WITH PATIENTS FACING SERIOUS ILLNESSES

Assisi Hospice provides a continuum of care across Inpatient, Home Care and Day Care services, allowing patients and their families to journey with an interdisciplinary care team that they are familiar with and to receive care in the way that they need.

If you frequent heartland markets in Bukit Panjang, Ang Mo Kio or Tampines, you may have met Uncle Lua Chong Poo. For over 20 years, the friendly 69-year-old went from market to market, selling ladies' accessories at the stalls. At home, Mrs Lua lovingly packed his goods and cared for his daily needs. The couple, who has no children, lived simply but contentedly. Uncle Lua shared, "It is my greatest blessing to have married her. She is a wonderful wife. She takes very good care of me."

Ten years ago, Uncle Lua was diagnosed with chronic obstructive pulmonary disease (COPD). Despite frequent hospital admissions and breathlessness, he continued working to support his family. The pandemic halted his business for a few years, and when his condition worsened in 2021, he was forced to stop work. With Mrs Lua as his sole caregiver, the couple relied on their savings to survive.

Worried about finances and his wife's future, Uncle Lua said, "At that time, the doctor told me that I had three years left. I was worried about what would happen to my wife after I die, and I did not want to spend any more money."

Hence, Uncle Lua delayed seeking treatment even when he was in agony due to his symptoms. It was only in March 2024, when his whole body became swollen, that he sought help at the hospital. After treatment to relieve his water retention issue, he was referred to Assisi Hospice Day Care for palliative care.

Above: During Chinese New Year, the care team fulfilled Mr and Mrs Lua's wish for a reunion meal with family at the hospice.

At Assisi Hospice, Uncle Lua received medical care, physiotherapy and psychosocial support. His breathlessness was better managed, and he regained some mobility. He felt heard by the care team. "Here, they listen and understand," he shared. "They know how to help me."

As his illness progressed, Assisi Hospice continued to support the couple through inpatient respite care, free home care visits, and eventually inpatient care when Mrs Lua could no longer manage alone. During Chinese New Year this year, the care team fulfilled their wish for a reunion meal with family at the hospice, creating a precious moment of warmth and togetherness.

Uncle Lua passed on peacefully at Assisi Hospice on 2 March 2026. HL

WORDS AND PHOTO **ASSISI HOSPICE**

THE GIFT OF PRESENCE

A volunteer experiences what it truly means to journey alongside someone in the final chapter of their life.

When Brandon completed his National Service in November 2025, many of his peers were making plans for university or work. Brandon had a different idea. He wanted to understand something that most people his age rarely think about: what it truly means to journey alongside someone in the final chapter of their life.

"I was keen to learn about the emotional aspect of palliative care," Brandon reflected. "It's an overlooked part of community healthcare, and I felt it mattered."

It was a quieter calling than most would expect from someone his age. But from his very first day, Brandon showed up with something that cannot be taught: the ability to see the person behind the patient.

Brandon's first assignment as a volunteer was also his most challenging. He was asked to befriend a patient with dementia — someone known to be difficult. The patient frequently raised his voice, refused help and threatened those around him. He was, by most accounts, difficult to reach.

Where others saw a demanding patient, Brandon saw something different: an elderly grandfather slowly losing his memory, his independence and his sense of self to a disease beyond his control.

Brandon began spending time with him regularly — playing cognitive games, drawing out reminiscent conversations and gently encouraging him to join in activities as well as a little exercise. Some days were difficult. There were outbursts and frustrating moments where patience was the only tool available. Brandon held steady through all of it.

Then, on some quieter days, something shifted. A subtle smile would cross the patient's face — brief, almost imperceptible, but unmistakably real.

"Even if he didn't remember me," Brandon said. "I knew my presence had made a difference." These small moments became the foundation of his commitment. They also opened a door. Inspired, Brandon began exploring every other role where he could contribute.

A VOLUNTEER OF MANY HATS

Today, Brandon serves across multiple roles at HCA Hospice. He is a Befriender at HCA Oasis@Woodlands Day Hospice, a General Helper at HCA Oasis@Outram Day Hospice, and a Home Befriender visiting patients receiving home-based medical and nursing support.

WORDS **OH LEE SHAN** PHOTOS **HCA HOSPICE**

Left: Brandon engaging in a tabletop game with a patient at HCA Oasis@ Woodlands Day Hospice; Opposite page: Brandon guiding a patient in learning to play the piano at HCA Oasis@Outram Day Hospice.

In each role, he brings the same quality: genuine presence. At the day hospices, he supports daily operations, patient outings and centre events. During the Chinese New Year celebration, he went a step further, donning a lion dance costume and entertaining patients with singing and dancing, filling the room with laughter and festive energy. It was the kind of moment that lingers long after the decorations come down.

His care extends beyond the hospice walls too. Brandon accompanied a bereaved family member and her elderly friend to HCA Remembrance Day, picking them up from home, staying by their side throughout and ensuring they returned safely. They described him as someone whose presence they felt immediately at ease with. It is a small but telling detail that the patients and caregivers Brandon befriends don't just feel helped — they feel held. Brandon also teaches piano to patients at both day hospices, helping them fulfil a long-held wish to learn the instrument. For patients whose world has shrunk, the ability to learn something new means more than words can express.

Beyond the activities, Brandon is attentive in ways that matter. He notices when something is off. He speaks up when he spots concerns that affect a patient's well-being. Staff describe him as cheerful, reliable and popular with patients. Fellow volunteers look to him as a model of what dedication looks like.

WHAT THE PATIENTS TAUGHT HIM

For all that Brandon contributed, he is quick to speak of what he has received in return.

Volunteering at HCA Hospice introduced him to patients with vastly different personalities, histories and outlooks on life. What struck him most was not their illness, but their spirit. Even in pain, many continued to laugh, to express gratitude, to make the most of each day. They faced the end of life not with defeat, but with a quiet, determined courage.

"Their attitude towards life deeply enlightened me," he said. "They showed me what it means to face life's darkest battles with dignity."

This, perhaps, is what makes Brandon's story so compelling, not only for what a young volunteer has contributed to the hospice community, but for what that community has given back to him. Palliative care, after all, is not a one-way act of service. It is an exchange. A relationship. A reminder, for everyone involved, of what it means to be human.

Brandon chose to spend his leisure time in service to others at an age when the world was telling him to focus on himself. In doing so, he found something most people spend a lifetime searching for: a sense of purpose, shaped quietly, one small moment of connection at a time.

PALLIATIVE CARE, AFTER ALL, IS NOT A ONE-WAY ACT OF SERVICE. IT IS AN EXCHANGE. A RELATIONSHIP.

IN GOOD HANDS

In palliative care, spiritual support collaborates with other disciplines to ensure every patient experiences a peaceful end-of-life journey.

"Is my illness retribution for my sins?"

This question shows the profound struggles of many patients, which defines Charmaine Tang's work as a clinical pastoral care counsellor. She has been helping patients and families at Yishun Community Hospital for the past four years in navigating some of life's most difficult times through a very different kind of healing. Charmaine sits with people who are adjusting to numerous losses in their identities, bodily functions, and well-being.

The man who asked the question was initially consumed by guilt, believing his illness was punishment for past wrongdoings. Together with Charmaine, they gently explored his religious faith and had discussions about forgiveness. By their second session, he shared his plans for spiritual healing through prayers at his place of worship. By their third meeting, he was actively participating in rehabilitation and sleeping peacefully, telling her that the heavy burden on his heart had lifted.

Left: Charmaine Tang works with patients navigating life's difficult times through a different kind of healing; Opposite page: Charmaine works with medical social workers and colleagues from other disciplines to achieve positive outcomes for her patients.

WORDS AND PHOTOS **YISHUN COMMUNITY HOSPITAL**

Charmaine's intervention helps many patients work through feelings of disappointment when life doesn't unfold as expected, their prayers go unanswered or years of religious devotion don't alter medical outcomes. Through her work, she helps them make sense of these complex emotions and attain eventual peace.

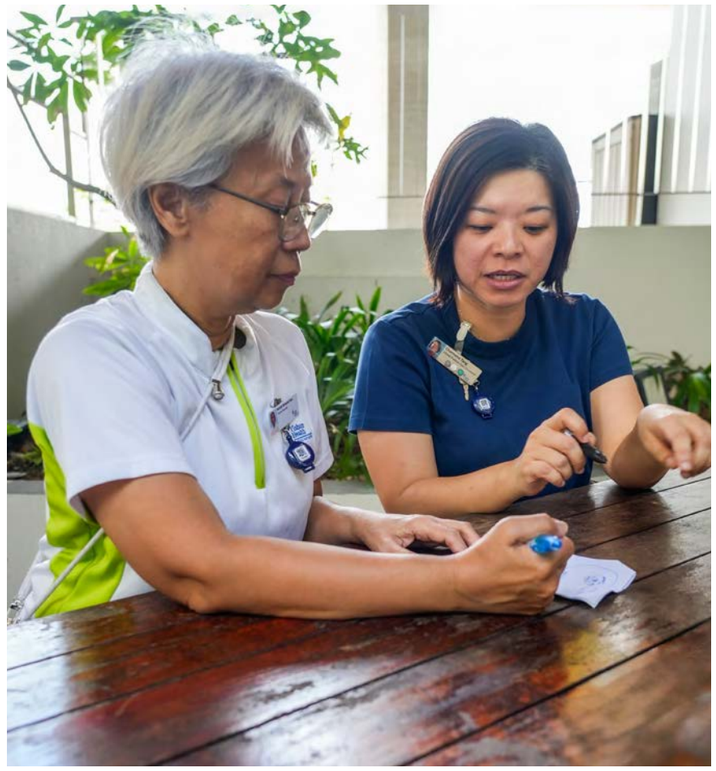
But Charmaine doesn't do this meaningful work alone. She works very closely with medical social workers (MSW) and colleagues from other disciplines, too. "In the hospital, we often journey alongside the same patient, each bringing different kinds of support," Charmaine shared. For example, an MSW focuses on patients' psychosocial needs while she addresses their spiritual needs. "It often feels like a quiet dance between us. We have good rapport, build on each other's work, and complement one another well so that the patient is cared for more fully."

Clinical pastoral care sits at the intersection of spiritual care, existential care and relational care. Charmaine engages patients with the aim of restoring coherence, meaning, and dignity. She vividly recalls collaborating with an occupational therapist (OT) to create a manicure and spa session for a patient. While the OT focused on the therapeutic benefits of the activity, Charmaine saw it as an opportunity to restore dignity and meaning during the patient's final days. They invited her to select her own background music and nail polish colour — simple acts that became sacred moments of honouring her personhood.

By the session's end, the patient had drifted into peaceful sleep with soft music playing in the background. She passed away the following day. For Charmaine, this transformation exemplified pastoral care's essence: how professional spiritual support can guide someone from medical distress to moments of beauty and comfort. The illness remained, but distress had been met with peace.

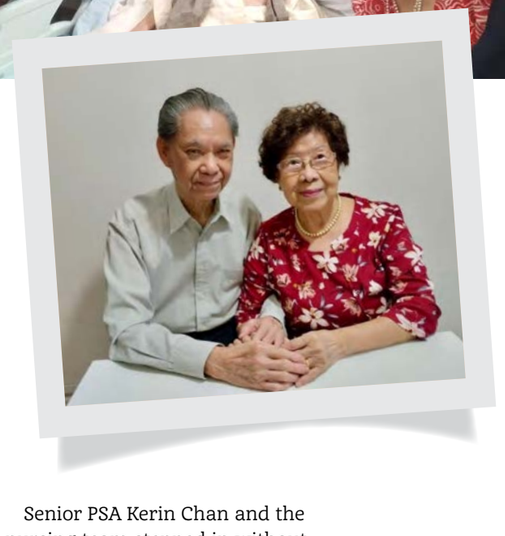
In a healthcare system increasingly focused on treating the whole person, clinical pastoral care reminds us that healing encompasses more than the physical, often the metaphysical, meaning-making, finding peace and hope during their most vulnerable moments — a truly invaluable gift in the journey of healing.

CLINICAL PASTORAL CARE SITS AT THE INTERSECTION OF SPIRITUAL CARE, EXISTENTIAL CARE AND RELATIONAL CARE.



A LIFE REMEMBERED

A final chapter written in memories and song enables family left behind to hold their loved ones close.



Left: Mr Chan and family celebrating his birthday in advance; Opposite page (clockwise from top left): Mr Chan and Senior Music Therapist Camellia Soon learning his favourite Cantonese song; Mr Chan and family with Senior PSA Kerin Chan, Senior Staff Nurse Kyaw Myo Hlaing; Mr and Mrs Chan

WORDS **ST LUKE'S HOSPITAL** PHOTOS **FAMILY OF THE LATE MR CHAN**

Ninety-year-old Mr Chan has lived a life filled with purpose and service.

Together with his wife, he was a familiar presence at church — steadfast, giving, and always ready to extend a helping hand to neighbours in need. These were not just routines, but rhythms that shaped his relationships and defined his life.

After developing a duodenal ulcer (a sore in the first part of his intestine just after the stomach), his health began to decline. His appetite waned, he lost weight, and over time, he became medically unstable.

As his condition progressed, he was placed on palliative care, focusing on comfort, dignity and support for both him and his family. For his loved ones, this transition was not easy.

His daughter, Alinna, shared, "I had trouble reconciling with the prognosis. It still hurts, but the care the team provided made me feel at peace. I'm slowly accepting it."

Amid the uncertainty, she found strength in her mother's quiet resilience.

"Even today, my mom still serves at church," she said — a reflection of the family's enduring faith and commitment to others.

Throughout their journey, a multidisciplinary team of doctors, nurses, a medical social worker, a patient service assistant (PSA) and a pastoral counsellor walked alongside them, providing emotional support and creating space for difficult but meaningful conversations.

Care extended beyond the clinical — it was attentive, compassionate, and deeply human.

In one particularly emotional moment, the family brought forward a birthday celebration, fearing they might soon lose him. It was a simple but deeply meaningful act — a chance to be together while they still could.

Senior PSA Kerin Chan and the nursing team stepped in without hesitation, helping to prepare the communal space at short notice. Their care and coordination created a warm, welcoming space for the family, turning a moment of uncertainty into one of love and togetherness.

When he expressed a wish for durian, his daughter made sure it was fulfilled. "Even if it was just a bite, it was enough for me," Allina reflected. "It shows that he's participating in his own way."

Though his appetite has waned, the joy of the moment drew him in. In that shared space, even the smallest gestures carried deep meaning.

The family continued to create moments of connection, revisiting photographs from a trip to South Africa twenty years ago. Together, they laughed and reminisced about a life filled with love and adventure.

With the support of Senior Music Therapist Camellia Soon, the family recorded songs that were meaningful to them — pieces tied to shared memories and moments over the years. It became a simple yet significant experience, filled with familiar voices, quiet laughter, and a reflection of their bond.

Alinna later expressed her heartfelt gratitude to Camellia, "Thank you for bringing my dad the gift of your music and blessing our family. Learning his favourite Cantonese worship song made his final session so precious. He is now walking beside our Lord, singing joyfully, and we play his song on loop — everyone who hears it says it's beautiful and meaningful. Music truly moves, touches and heals. We feel incredibly blessed to have shared this special moment with you."

Even on an end-of-life journey, the family found moments of peace, meaning and quiet joy. Supported by the care team, they continued to be there for one another — showing affection, honouring memories, and commemorating the faith and service that had always defined Mr Chan's life. HL

EVEN ON AN END-OF-LIFE JOURNEY, THE FAMILY FOUND MOMENTS OF PEACE, MEANING AND QUIET JOY.

HOLDING SPACE TOGETHER

Through storytelling, remembrance and shared reflection, the Remembrance Garden created a space to learn about the lives of those affected by cancer, engage in open conversations about palliative care, and dedicate meaningful tributes to loved ones.

WORDS **SENIOR SOCIAL WORKER LIM YI XI, SENIOR SOCIAL WORKER TAN WEN SHI, SOCIAL WORKER VINCENT SOH, SOCIAL WORKER JANNA SEOW**
PHOTOS **SINGAPORE CANCER SOCIETY**

Palliative care is often spoken of in hushed tones, associated in the public imagination more with endings rather than living. Yet for those who work within it, palliative care is fundamentally about life: ensuring that every person is supported with dignity, compassion and community throughout their cancer journey. The Remembrance Garden at the Singapore Cancer Society (SCS) – Tamarind Health Relay for Life 2026 was created to be a space where palliative care could move beyond the walls of the hospice and into the heart of the wider community.

RELAY FOR LIFE: CELEBRATE, REMEMBER, FIGHT BACK

Organised by SCS, Relay For Life (RFL) is one of Singapore's most significant community fundraising events in the fight against cancer, built around three acts: celebrating survivors, remembering those who have been lost, and fighting back against a disease that touches nearly every family. As part of RFL, the Remembrance Garden, developed by SCS Psychosocial Services, served as both a tribute space and a platform for meaningful conversations about palliative care.

A SPACE FOR REMEMBRANCE, REFLECTION AND CONNECTION

The Garden was designed around four experiential touchpoints: a Luminaria Dedication display, Storyboards, a Reflection Corner and a Telephone Booth. Participants dedicated Luminaria bags in support of those affected by cancer, contributing to a living tribute that grew over the overnight event. Storyboards featuring curated patient and caregiver stories and the Reflection Corner invited meaningful reflection on the realities of the palliative care journey. The Telephone Booth invited participants to a private space to record spoken tributes to loved ones.

Senior Social Worker Lim Yi Xi captures it well: "Words were spoken into a telephone, drawn onto paper bags, and gathered onto a photo board — each a different way of saying this person lived, and their story matters. Stories don't stay in the garden; they move through those who witness them and how we listen and see each other."

VOICES AT THE HEART OF IT

Central to the Garden each year is the commitment to feature the voices of those with lived experience. Patients and caregivers supported by SCS Hospice Care shared their personal stories through the Storyboards, offering visitors an authentic window into the palliative care journey.

For Social Worker Janna Seow, showcasing her patient's story was a profound privilege. Her patient had attended the event together with her family, including her young granddaughter. "Her family members were beaming with pride when they saw the storyboard," she shared. "The family photos taken with the storyboard will serve as a reminder of my patient's legacy in years to come."

The patient reflected, "This meaningful event provided us with a chance for personal reflection and brought us closer as a family. It was a powerful reminder to always extend a helping hand to those in our community."

The Telephone Booth captured something the Storyboards could not: words spoken not for the public but for the people who mattered most. Hairman Bin Abdul Khalik, a father of four young children living with stage four cancer, recorded a message for his family. He urged his children to be strong and to care for one another and told his wife simply: Stay positive, be happy; life still has to go on. Then, speaking plainly to the uncertainty ahead, Hairman said, "I don't know how long I'll be here. I can only say I love you all."

Clockwise from far left: An aerial view of the Remembrance Garden within the RFL event grounds at the National Stadium; A participant puts up her completed Luminaria dedication; Hairman leaving a voice recording for his family at the Telephone Booth; Participants completing Luminaria dedications

PALLIATIVE CARE AS EVERYBODY'S BUSINESS

Beyond individual stories, the Garden is also a space for broader conversations about palliative care. Trained docents from SCS Psychosocial Services provided emotional support and facilitated dialogue with participants, many of whom were engaging with palliative care as a concept for the first time.

The Garden also surfaced that many visitors were already carrying their own experience of grief and loss. One visitor, still navigating the loss of a loved one, found in the Storyboards a reflection of their own journey and the realisation that they were not alone: "Reading the stories reminded us that there are many others who are also fighting and experiencing the same challenges that we faced. Each story does not just emphasise the hardships; it also highlights so much strength and resilience."

For Senior Social Worker Tan Wen Shi, these moments were deeply affirming. "Despite the pain and loss, there was a strong sense of hope, connection and mutual support. There is comfort in knowing that one does not have to journey through it alone."

LOOKING AHEAD

The Garden demonstrates that remembrance does more than just honour those we have lost; it deepens the community's awareness of palliative care and fosters a sense of social responsibility for those confronting cancer. According to Social Worker Vincent Soh, it became a location where "cancer journeys are not kept in silence but acknowledged as part of the shared human experience".

What the Garden reminds us is that palliative care, at its best, is a community effort, one that lives not only in hospitals and hospices but also in the spaces we create to remember, connect and care for one another. HL

SHARING THE CAREGIVING LOAD

Medical social workers serve as a link between families and the assistance provided in medical facilities, but they also provide support in the community, acknowledging that some of the most difficult times occur afterwards.

Ms Tess Kwan is a well-regarded medical social worker at National University Hospital (NUH), where she walks alongside patients diagnosed with cancer and their families during some of life's most challenging moments. Graduating from the National University of Singapore (NUS) with a degree in social work, she joined NUH in 2024, bringing with her a deep-seated belief that no one should have to face illness, fear or loss alone. For Tess, compassionate care goes beyond just listening. It means creating a safe space where patients and families feel truly seen, heard and supported. Grounded in the conviction that human connection is in itself a form of healing, she shows up with warmth and steadiness, empowering patients and their families to face uncertainty with dignity, strength and hope.

What are the signs that caregivers of palliative patients need to share their caregiving load?

While every caregiver's experience is unique, there are some telling signs they can look out for. If you're tired and no amount of sleep seems to help. If you're always putting your loved one first and delaying doing something for yourself. If you start skipping meals, neglect self-care or withdraw socially. Some caregivers struggle to retain information that has just been discussed or describe feeling trapped, guilty for even wanting a break, or simply feeling numb.

What I find more challenging are those who do not acknowledge these signs. I once had a caregiver who appeared composed in every conversation, yet I noticed she had lost weight and would go quiet whenever I asked how she was doing. She only revealed much later that she had been struggling to cope for months. All these signs are normal responses to the high demands of caregiving. Recognising them is often the first step toward identifying the right support needed by caregivers.

How can caregivers seek help from their community — siblings, friends, or neighbours?

Reaching out can feel like the hardest step, and many caregivers hesitate because they are worried about being a burden. But caregiving is never meant to be shouldered alone. I do recognise that when you are deeply involved in caregiving, it can be hard to know where to begin or who to turn to. In conversations with caregivers, I often start by encouraging them to map out who is around them and what each person can realistically offer, based on the relationship and their capacity. Not everyone will step up in the same way, and that is okay. I have seen families dividing roles, for example, one sibling providing hands-on care and another handling appointments. Friends and the wider community often wish to help but simply do not know how. Letting them know what is most effective makes it easier for them to show up, whether it is a friend checking in regularly, a neighbour helping with groceries or a faith community providing spiritual support. These seeming small acts of shared care can make an enormous difference to a caregiver's well-being.

What kind of support is available for caregivers of palliative patients, especially after discharge, that you wish more people knew about?

One service I find myself speaking about most is home hospice care. Families often assume hospice means giving up or is meant for patients in their final days. That is a misconception! For patients with a serious illness and a prognosis of less than a year who wish to remain home, home hospice offers a meaningful alternative to repeated hospital visits. Patients and families can access a dedicated team of palliative doctors, nurses and medical social workers through regular home visits, with a 24-hour hotline ensuring help is always within reach. Beyond home hospice, there is more community support available for post-discharge care than many realise. These include daycare centres, caregiver training programmes, respite care and financial assistance. For families navigating the transition home, the Interim Caregiver Service (ICS) provides temporary home care support while longer-term arrangements are put in place. I have seen how the right support, whether through home hospice or other support services, can make an enormous difference in helping families feel truly supported through a difficult journey.

How can caregivers access these types of support?

If your loved one is currently in hospital, do not hesitate to consult a medical social worker about available help and options. In the community, the Agency for Integrated Care (AIC), which is dedicated to assisting individuals and families in obtaining the care and assistance they require to live and age well in their community, is a wonderful place to begin exploring care alternatives and financial schemes.

What else do medical social workers do to ensure that no one goes through the caregiving journey alone?

We engage patients and their families, help them understand their options and walk them through decisions ahead so that no one feels lost navigating an unfamiliar system alone. Where needed, we link them to the right community resources, financial assistance schemes or peer support groups where they can find solidarity from others who truly understand the journey. Our support does not stop at discharge as we follow up with families in the community, recognising that some of the hardest moments come after they leave the hospital. At the core of it all, we serve as a liaison between families and the resources that are accessible to them.

Could you share a memorable incident where you helped a caregiver get support from their community?

I recall a patient, Mr C, who held a deep wish to spend time at home. His wife was overwhelmed and uncertain whether she could manage his care needs. I explored her fears, helping her see she did not have to do it alone. I encouraged shared caregiving responsibilities among family, identifying children and siblings who could each play a role in supporting her. With the family network in place, I then connected them to ICS and referred them to home hospice for symptom management.

As Mr C's health worsened, he needed to be cared for in a facility to improve his comfort and quality of life. By then, he had spent precious time at home, sharing quiet moments with loved ones that mattered deeply to him. With the home hospice team's support, a timely transition to inpatient hospice was arranged. And he eventually passed on there.

What remained with me most was Mrs C informing me that she had no regrets knowing she had fulfilled Mr C's wish. This serves as a reminder to me that no one person needs to take this journey or carry this burden alone. HL

Opposite page: Tess discussing care resources with a caregiver in a clinic session; Below: Tess journeys alongside patients and caregivers at the National University Cancer Institute, Singapore (NCIS).

WORDS AND PHOTO NATIONAL UNIVERSITY HOSPITAL

MAKE PALLIATIVE CARE REFERRALS FASTER AND EASIER

Any doctor, including polyclinic doctors and private sector doctors such as general practitioners (GPs) and specialists, can make a referral to a palliative care service provider. Get almost real-time information on home and inpatient hospice capacity in Singapore with the Singapore Hospice Council (SHC) Capacity Dashboard.

Once you've checked availability, you can make referrals quickly and easily using the Agency of Integrated Care's BRIGHT (Bridging Referral Information to Guide Healthcare Transitions) or SHC's Common Referral form, which can be found on singaporehospice.org.sg.

The capacity dashboard can then be accessed via the SHC website. A verification code will be sent to your email each time you sign in for security purposes.

Let us make palliative care more accessible to all.

How to access the capacity dashboard

For doctors serving in an SHC Member Organisation: *Scan the QR code and create an account using your work email address.*
For doctors in private practice: *Write to support@singaporehospice.org.sg for access.*

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SINGAPORE HOSPICE COUNCIL
Living before Leaving

535 Kallang Bahru #03-09 GB Point, S (339351)
T: 6538 2231 • E: info@singaporehospice.org.sg
www.singaporehospice.org.sg